## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/29/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING 01, 04		G 01,04	COMPLETED	
		155177	B. WING			09/22/2011	
NAME OF PROVIDER OR SUPPLIER  WESTMINSTER VILLAGE - WEST LAFAYETTE				2	REET ADDRESS, CITY, STATE, ZIP CODE 2741 NORTH SALISBURY ST WEST LAFAYETTE, IN 47906		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	IOULD BE COMPLETION	
K 000	INITIAL COMMENTS		К	000			
	18 beds to rooms 1, 9 and 27 on the Courty the Indiana State Dep Survey Date: 09/22/2 Facility Number: 0000 Provider Number: 158 AIM Number: NA Surveyor: Bridget Bro Safety Code Specialist At this Life Safety Code Preoccupancy Survey Lafayette was found to 2000 edition of the Na Association (NFPA) 1 Chapter 19, Existing and with 410 IAC 16 Physical Standards on Rules for Comprehent The facility was deter construction. The facility was deter construction. The facility was deterdant a fire alarm systems the corridors, resident the corridors. The facility and the facility was deterdant to the corridors. The facility the facility was deterdant to the corridors. The facility the facility was deterdant to the corridors. The facility the facility was deterdant to the corridors. The facility the facility was deterdant to the corridors. The facility the facility was deterdant to the corridors. The facility the facility was deterdant to the corridors. The facility the facility was deterdant to the corridors. The facility the facility was deterdant to the corridors. The facility the facility was deterdant to the corridors. The facility the corridors.	y for the addition of 10 Title 2, 13, 19, 20, 22, 24, 25, 26 and unit was conducted by partment of Health.  11  193  5177  own, Medical Surveyor, Life st  de and Environmental y, Westminster Village-West to be in compliance with the ational Fire Protection 01, Life Safety Code (LSC) Health Care Occupancies 2-3.1-19 Environment and f Indiana's Health Facilities is ive care facilities.  mined to be of Type III (211) cility was fully sprinklered, am with smoke detection in trooms and spaces open to cility has the capacity for 58					
K 000		x Brashear, Life Safety Code irveyor on 09/26/2011.	K	000			
	A Life Safety Code a	nd Environmental					(VO) PATE
LABURATORY	DIKECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		K	000			